

FACILITY NAME: MIDWESTERN POWER PRODUCTS DIVISION
LOCATION: 10100 DENNIS DR, DES MOINES IA 50322
RCRA ID #: IAD 984569319 DATE: Jan 11 94

IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? _____
2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: _____
3. NO? Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. _____

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?
5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe: _____
6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe: _____
7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe: _____



R00158356
RCRA RECORDS CENTER

RCRA File Copy
Document # 3

FACILITY NAME: _____
LOCATION: _____
RCRA ID #: _____

IF THE ANSWER TO QUESTION #4 IS NO, STOP HERE.

8. Is the facility currently storing hazardous waste generated as a result of the flood? YES or NO? Is the storage area located inside or outside or both? INSIDE (I), OUTSIDE (O) or BOTH (B)? Describe the type and amount of hazardous waste in storage.

TYPE	AMOUNT	I, O or B
Examples:		
Contaminated MEK	2 - 55 gal. Drums	O (Outside)
Cleaning Products	6 spray bottles	I (Inside)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did the facility generate hazardous waste as a result of the flood that was subsequently sent off-site? YES or NO? Describe the type and amount of hazardous waste generated.

TYPE	AMOUNT
Examples:	
Contaminated MEK	2 - 55 gal. Drums
Cleaning Products	6 spray bottles

_____	_____
_____	_____
_____	_____
_____	_____

OTHER COMMENTS:

Last Revised: 1/25/91

Time to complete screening: _____

RCRA SCREENING CHECKLIST

Inspector: ALLEN APPERSON Primary Media: _____

Date: 11 / 01 / 1994

Facility: MIDWESTERN POWER PRODUCTS DIVISION

Facility Address: 10100 DENNIS DRIVE

DES MOINES, IA 50322

Phone (515) 278-5521

Contact/Title: DALE KOENIG OPERATIONS MANAGER

SIC #: _____ Process: _____

Office Questions:-----

1) Facility description DISTRIBUTE INDUSTRIAL ENGINES

2) Does facility have an EPA ID number? Yes ☒ No ☐ # IAD984569319

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) WASTE OIL, 150 GALS/MONTH, WILLETT,

ANTI-FREEZE, 5 GALS/MONTH, WILLETT

SOLVENT, RECYCLED 30 GAL TANK, SAFETY-KLEEN

SOLVENT, RECYCLED 16 GAL TANK, SAFETY-KLEEN

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes ☐ (please note which ones are classified as HQ)

No ☒

5) Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping /Landfills/Surface Impoundments? Describe: NO

Field Observations:-----

6) Are CIW/HW stored on-site? Yes ☐ No ☒

Describe (material, approximate quantity, storage method): _____

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): ALL STORAGE TANKS/DRUMS
CLOSED, MARKED

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes ☐ No ☒ Describe: _____

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes ☐ No ☒ Describe: _____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes ☐ No ☒ Describe: _____

11) Recommendations and/or Additional Observations: _____

S
I
T
E

259

P
H
O
T
O

1



Facility: Midwestern Power Products Division

Location: Des Moines, Iowa

Photographer: Allen Apperson

Witness: None

Date: January 11, 1994

Direction: --

Camera Type: Minolta 35mm

Film Type: 100 ASA

Time: 1127

Subject: Site #259 identification sheet.

S
I
T
E

259

P
H
O
T
O

2



Facility: Midwestern Power Products Division

Location: Des Moines, Iowa

Photographer: Allen Apperson

Witness: None

Date: January 11, 1994

Direction: East

Camera Type: Minolta 35mm

Film Type: 100 ASA

Time: 1128

Subject: Waste oil drum with funnel.

S
I
T
E

259

P
H
O
T
O

3



Facility: Midwestern Power Products Division

Location: Des Moines, Iowa **Photographer:** Allen Apperson

Direction: South **Camera Type:** Minolta 35mm

Subject: Parts washer with 30-gallon drum.

Witness: None

Film Type: 100 ASA

Date: January 11, 1994

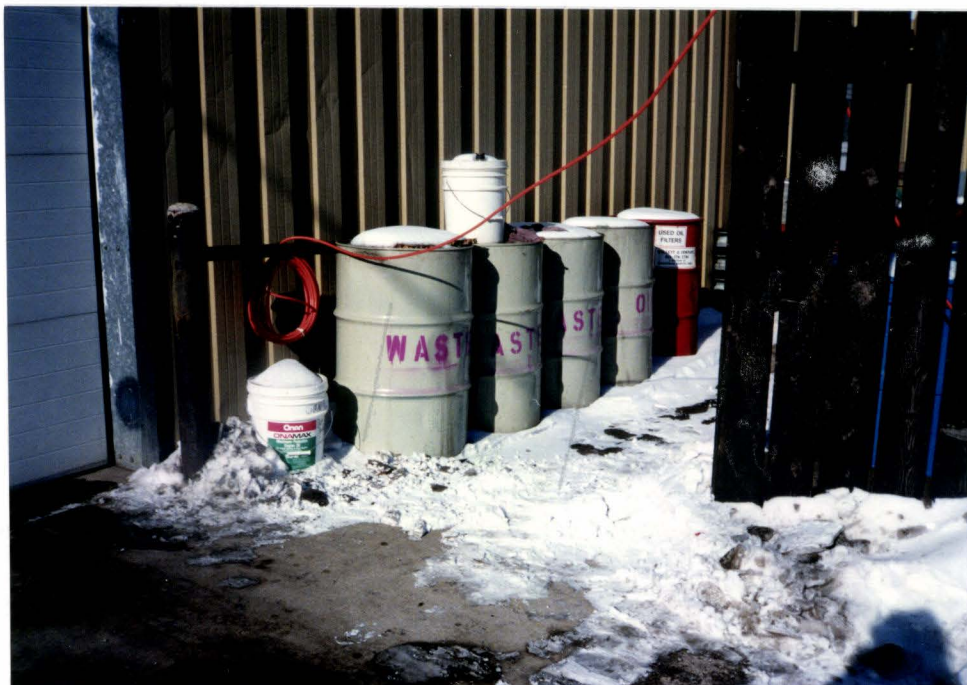
Time: 1130

S
I
T
E

259

P
H
O
T
O

4



Facility: Midwestern Power Products Division

Location: Des Moines, Iowa **Photographer:** Allen Apperson

Direction: Northwest **Camera Type:** Minolta 35mm

Subject: Waste oil drums (four) exterior of building.

Witness: None

Film Type: 100 ASA

Date: January 11, 1994

Time: 1132

S
I
T
E

259

P
H
O
T
O

5



Facility: Midwestern Power Products Division

Location: Des Moines, Iowa **Photographer:** Allen Apperson

Direction: Northeast **Camera Type:** Minolta 35mm

Subject: Anti-freeze drum and contaminated fuel drum.

Witness: None

Film Type: 100 ASA

Date: January 11, 1994

Time: 1133

Allen Appera

GLOBAL POSITIONING SYSTEM

1. All facility locations are to be determined using GPS.
2. The contractor shall follow the procedures outlined in SOP number 2110.3A.
3. The contractor shall follow the principles for collecting and documenting coordinates using the "Locational Data Policy Implementation Guidance" dated 04/30/93.
4. For consistency, the facility location should be obtained at one of the following locations at the facility. These location are listed in priority order. Lower priority locations should only be used if the higher priority locations are not available.
 - a. The center of the main entry road or driveway leading to the plant entrance or office. This location must be off of the street the facility is located on as opposed to a side street.
 - b. In front of the main door to the plant or office near or next to the street or parking lot.
 - c. Other locations at the facility.
5. In some cases and due to the physical location of the facility, it may not be feasible to operate the GPS equipment directly at the location identified in paragraph 4 above (location station). In such cases, the GPS reading may be obtained at a temporary station adjacent the location station and the direction and distance to and from the temporary station to the location station be obtained and recorded. Measurements should be taken to the nearest centimeter or 1/2 inch. Directions should be measured to the nearest degree. The temporary station should be within 50 feet of the location station.

S
I
T
E

259

P
H
O
T
O

1



Facility: Midwestern Power Products Division

Location: Des Moines, Iowa **Photographer:** Allen Apperson

Direction: -- **Camera Type:** Minolta 35mm

Subject: Site #259 identification sheet.

Witness: None

Film Type: 100 ASA

Date: January 12, 1994

Time: 1515

S
I
T
E

259

P
H
O
T
O

2



Facility: Midwestern Power Products Division

Location: Des Moines, Iowa **Photographer:** Allen Apperson

Direction: South **Camera Type:** Minolta 35mm

Subject: Front of site building.

Witness: None

Film Type: 100 ASA

Date: January 12, 1994

Time: 1516

S
I
T
E

259

P
H
O
T
O

3



Facility: Midwestern Power Products Division

Location: Des Moines, Iowa **Photographer:** Allen Apperson

Direction: South **Camera Type:** Minolta 35mm

Subject: GPS equipment at site entrance.

Witness: None

Film Type: 100 ASA

Date: January 12, 1994

Time: 1517

North Randall Road
Elgin, Illinois 60123-7857

FOR SERVICE CALL
TRANSPORTER

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 44	20	113028

5-053-01-1267-7
MIDWESTERN POWER PROD
10100 DENNIS DR
W DES MOINES

315-252-2949 ERAD KNUDSON
LOR NOT REQ'D 0-220 09

5-053-01-0454
COMMINS GREAT PLAINS
ATTN DARC
PO BOX 1063
CHABA

IA 50322

MANIFEST NUMBER XXXXX

NE 68108

SERVICE DATE		SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER		HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE		PORTION OVER 60 DAYS	
11-3-93		5762	XXXX									
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER		GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX		PRODUCT TAX
09	NC	29-9851		515-278-5521		NO	2.5	0.0	0.05	0.05		0.05

MACHINE SERVICE SECTION

MACHINE INSPECTION SECTION

	MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM NEEDS INITIAL		CHANGE SCHEDULE DATE XX/XX/XX	REMARKS	PLEASE CHECK APPROPRIATE BOXES		
1	110-24146	142.25	7.11	149.36	12					MACHINE CONDITION & CLEANLINESS	GOOD POOR	
2	510-43559	67.00	3.35	70.35	12				/SMAPC1	LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/> <input type="checkbox"/>	
3	520-76225	93.00	4.65	97.65	12				/SMAPC1			
4												
5										DECALS IN PLACE AND LEGIBLE	YES NO	
6										FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/> <input type="checkbox"/>	
7										EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/> <input type="checkbox"/>	
8										MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/> <input type="checkbox"/>	
9										LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/> <input type="checkbox"/>	
10										SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/> <input type="checkbox"/>	
11												
12												
TOTAL SERVICE SECTION		302.25	15.11	317.36	GENERATOR USA EPA ID NO.				GENERATOR STATE ID NO.		14-385-2424	

HAZARDOUS WASTE INFORMATION

This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

CONTAINERS					US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	USEPA TRANSPORTER ID# JLD984908202
PAILS NO. DM	SSPW TANKS OF	16 GAL. NO. DM	30 GAL. NO. DM	TOTAL LBS. OR GAL.		
		1	1	28	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS)	SSPW AND/OR 16 GAL. DRUMS
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS)	30 GAL. DRUMS
		1		6	RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS	PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 lbs./month	<input checked="" type="checkbox"/>
220 lbs. to 2,200 lbs./month	<input type="checkbox"/>
Greater than 2,200 lbs./month	<input type="checkbox"/>

Total Quantity X Number of Drums X Vol. of Drum or Pails

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.
4704 NE 22ND DESMOINES IA 50317

USA EPA ID NO. IAD981713000
STATE ID NO.

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST									
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE) 317.36
TOTAL DUE 317.36

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

GENERATOR DESIGNATED REPRESENTATIVE SIGNATURE
Print Name GEORGE W. MESSER

Handall Road
gin, Illinois 60123



FOR SERVICE CALL
TRANSPORTER

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 32	23	139715

515-262-2949 BRAD KNUDSON

LDR NOT REQ'D

5-053-01-1267-7

5-053-01-3454

CUMMINS GREAT PLAINS

ATTN JARCY

PO BOX 8064

OMAHA

MANIFEST NUMBER XXXXX

NE 68106

5-053-01-1267-7
MIDWESTERN POWER PRO
10100 DENNIS DR
W DES MOINES

IA 50322

BLUETOOTH

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE		PREVIOUS BALANCE	PORTION OVER 90 DAYS		
8/13/93	2393	XXXX			C					
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #		O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
09	NO	29-9778	515-278-5521		NO	923	001	.05	.05	.05

MACHINE SERVICE SECTION

MACHINE INSPECTION SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULE DATE (YY-MM)	REMARKS	PLEASE CHECK APPROPRIATE BOXES
110-24146	142.25	7.11	149.36	12				MACHINE CONDITION & CLEANLINESS <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> POOR
510-48059	67.00	3.35	70.35	12			/SNAPON	LAMP ASSEMBLY CONDITION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
520-76025	93.00	4.65	97.65	12			/SNAPON	DECALS IN PLACE AND LEGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
								FUSIBLE LINK INSTALLED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
								EMERGENCY CLOSING OF LID UNOBSTRUCTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
								MACHINE PROPERLY GROUNDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
								LOCAL PHONE NO. STICKER AFFIXED TO MACHINE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
								SPENT SOLVENT MEETS ACCEPTANCE CRITERIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL SERVICE SECTION	302.25	15.11	317.36	GENERATOR USA EPA ID NO.		GENERATOR STATE ID NO.	16-365-2424
-----------------------	--------	-------	--------	--------------------------	--	------------------------	-------------

HAZARDOUS WASTE INFORMATION

This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

CONTAINERS					USE DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	USEPA TRANSPORTER ID#
PAIS NO. DM	SSPW TANKS/DRUMS	15 GAL NO. DM	30 GAL NO. DM	TOTAL LBS. OR GAL.	Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) (IN GALLONS) 16 GAL DRUMS	908202
					NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)	
					RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) (IN GALLONS) 30 GAL DRUMS	
					NA 1993 PGIII (EPA, D001, D018, D039) (ERG #27)	
					RQ-Waste Compounds, Cleaning Liquid, (Monoethanolamine) (IN GALS) PRODUCT NO. 699	
					8-NA1750 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #80)	

I certify that my total waste streams are within one of the following categories:
0 to 220 lbs./month <input checked="" type="checkbox"/>
220 lbs. to 2,200 lbs./month <input type="checkbox"/>
Greater than 2,200 lbs./month <input type="checkbox"/>

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., 4704 NE 22ND DES MOINES IA 50317	USA EPA ID NO. 1A0981718000	STATE ID NO.
--	-----------------------------	--------------

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES	PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST							
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	TOTAL SERVICE AMOUNT (FROM ABOVE)
	TOTAL DUE 317.36
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.	

X Paul Bann Print Name Paul Bann
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 4/93)

515-262-2949 BRAD KNUDSON

93- 20

20

154427

5-053-01-1267-7

LDR NOT REQ'D

0-220 DP

MANIFEST
NUMBER

XXXXXX

MIDWESTERN POWER PRO

5-053-01-0454

CUMMINS GREAT PLAINS

10100 DENNIS DR

ATTN DARCY

W DES MOINES

IA 50322

PO BOX 6068

OMAHA

NE 68106

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS
5-21-93	5762	XXXX			C		
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX
09	NO	29-9680	515-278-5521	NO	923	001	.05
							C.O.M.S. TAX
							.05
							PRODUCT TAX
							.05

MACHINE SERVICE SECTION

MACHINE INSPECTION SECTION

MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULE DATE (YY WW)	REMARKS	PLEASE CHECK APPROPRIATE BOXES
110-24146	142.25	7.11	149.36	12				GOOD POOR
510-48659	67.00	3.35	70.35	12			/SNAPON	MACHINE CONDITION & CLEANLINESS <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
520-76025	93.00	4.65	97.65	12			/SNAPON	LAMP ASSEMBLY CONDITION <input checked="" type="checkbox"/> <input type="checkbox"/>
								DECALS IN PLACE AND LEGIBLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
								FUSIBLE LINK INSTALLED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBSTRUCTED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
								MACHINE PROPERLY GROUNDED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
								LOCAL PHONE NO. STICKER AFFIXED TO MACHINE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
								SPENT SOLVENT MEETS ACCEPTANCE CRITERIA <input type="checkbox"/> <input type="checkbox"/>
TOTAL SERVICE SECTION								
302.25 15.11 317.36								
GENERATOR USA EPA ID NO.								
GENERATOR STATE ID NO.								
								16-385-2424

HAZARDOUS WASTE INFORMATION

This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

CONTAINERS					US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	USEPA TRANSPORTER ID#	I certify that my total waste streams are within one of the following categories:
PAIS NO. DM	SSPW TANKS OF	15 GAL NO. DM	30 GAL NO. DM	TOTAL LBS. OR GAL.			
		1	1	18	Waste Combustible Liquid, N.O.S. (Mineral Spirits) (IN GALLONS)	NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)	0 to 220 lbs./month <u>GWm</u>
		1		5	RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) (IN GALS)	8, NA1780 PGIII (EPA, D008, D007, D008, D018, D021, D027, D039, D040) (ERG #60)	220 lbs. to 2,200 lbs./month <u>Initials</u>
							Greater than 2,200 lbs./month <u>Initials</u>

Total Quantity X Number of Days X Average Volume of Pails XX

DESIGNATED FACILITY NAME AND ADDRESS:	SAFETY-KLEEN CORP.	USA EPA ID NO.	IA0981718000
4704 NE 22ND	DESMOINES IA 50317	STATE ID NO.	

PRODUCT SALES SECTION

SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST									

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)

317.36

TOTAL DUE

317.36

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X Gene W. Messerschmidt
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE

Print Name GENE W. MESSERSCHMIDT

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER

SERVICE/SALES ACKNOWLEDGEMENT

Form NO. 700-08-12 (REV. 1/93)

Timber Road
Illinois 60123



FOR SERVICE CALL
TRANSPORTER

515-252-2949 BRAD KNUDSON

LDR NOT REQ'D

C-220 OF

5-053-01-0454

CUMMINS GREAT PLAINS

ATTN JARCY

FG BOX 6063

CAHA

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
93- 8	20	166980
MANIFEST NUMBER		XXXXX

NE 68106

SERVICE DATE	SALESMAN'S NO.	SALES SPECIALIST	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE	PREVIOUS BALANCE	PORTION OVER 60 DAYS		
2-25-93	5762	XXXX			C				
BUSINESS TYPE	CHAIN	CUSTOMER P.O. NUMBER	GENERATOR/CUSTOMER PHONE #	O.C.	SVC P/S	PROD. P/S	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
34	AL	29-9634	515-218-5521	NO	822	001	.05	.05	.05

MACHINE SERVICE SECTION								MACHINE INSPECTION SECTION	
MACHINE NUMBER	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULE DATE (YY MM)	REMARKS	PLEASE CHECK APPROPRIATE BOXES	
110-2414C	133.00	0.00	133.00	12				GOOD / POOR	
520-70025	87.00	4.35	91.35	12			1/2N OPEN	MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/> <input type="checkbox"/>
								LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/> <input type="checkbox"/>
								DECALS IN PLACE AND LEGIBLE	<input checked="" type="checkbox"/> <input type="checkbox"/>
								FUSIBLE LINK INSTALLED	<input checked="" type="checkbox"/> <input type="checkbox"/>
								EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input checked="" type="checkbox"/> <input type="checkbox"/>
								MACHINE PROPERLY GROUNDED	<input checked="" type="checkbox"/> <input type="checkbox"/>
								LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input checked="" type="checkbox"/> <input type="checkbox"/>
								SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/> <input type="checkbox"/>
TOTAL SERVICE SECTION		220.00	11.00	231.00	GENERATOR USA EPA ID NO.		GENERATOR STATE ID NO.		16-385-2424

HAZARDOUS WASTE INFORMATION					This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.					I certify that my total waste streams are within one of the following categories:				
CONTAINERS					US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)					USEPA TRANSPORTER ID# ILD051060408				
PAIS NO. DM	SSPW TANKS OF	18 GAL NO. DM	30 GAL NO. DM	TOTAL LBS. OR GAL.	Waste Combustible Liquid, N.O.S. (Mineral Spirits) (IN GALLONS)					0 to 220 lbs./month				
			1	30	NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)					Initials				
					RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) (IN GALS)					220 lbs. to 2,200 lbs./month				
					8, NA1780 PGIII (EPA, D008, D007, D008, D018, D021, D027, D039, D040) (ERG #80)					Initials				
										Greater than 2,200 lbs./month				
										Initials				
Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails										5.0 XXXXXXXX				
DESIGNATED FACILITY NAME AND ADDRESS:										SAFETY-KLEEN CORP.				
4704 NE 22ND										DESMOINES IA 50317				
										USA EPA ID NO. 160981718000				
										STATE ID NO.				

SOLD ON PREVIOUS SERVICES			PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	U/M	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
2 PRIOR	PRIOR	LAST									
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						
					<input type="checkbox"/>						

PAYMENT RECEIVED SECTION		
CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS	
CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.	
TOTAL SERVICE AMOUNT (FROM ABOVE) 231.00	
TOTAL DUE 231.00	
IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.	
Print Name GEARLY MESSERSCHMIDT	
GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE	

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

CUSTOMER SERVICE/SALES ACKNOWLEDGEMENT

FORM NO. 700-08-12 (REV. 1/93)

Big Timber Road
Elgin, Illinois 60123

DUNS NO. 05106-0408
FED. ID NO. 39-6090019

COMS SERVICE CONTRACT

GENERATOR/LOCATION

BILL TO (IF DIFFERENT FROM LOCATION)

P48659

Midwestern Power Products

DELIVERY ADDRESS

10100 Dennis Dr

INFORMATION/ATTENTION LINE

CITY & STATE

Des Moines IA

ZIP

50322-

TAX CODE

163852424

USA EPA ID NO.

STATE ID NO.

NAME

DELIVERY ADDRESS

INFORMATION/ATTENTION LINE

CITY & STATE

ZIP

TAX CODE

MANIFEST NUMBER

MAKE AND MODEL
OF EQUIPMENT

DATE PLACED

2-25-93

MACHINE SERIAL NO.

510-48659

BRANCH

5-553-01

TYPE OF OUTLET

1267

MSDS
GIVEN

☒

SNAPON

Safety-Kleen agrees to furnish clean solvent service and solvent removal service on cleaning equipment owned by customer at the above location. Safety-Kleen is not responsible for repair or maintenance of such equipment. Solvent servicing and removal shall be performed by Safety-Kleen only. Customer agrees to indemnify Safety-Kleen against any loss or claim arising from any personal injury or property damage, however caused, resulting from the placement or use of the machine on the customer's premises. Safety-Kleen is not responsible for any violation, loss or claim arising from non-compliance with pollution control laws caused by release of solvent to the environment from the unit and resulting from improper customer handling including, but not limited to spills into adjacent waterways, sewer lines or ground water, however caused. However, Safety-Kleen accepts responsibility for any spill solely caused by its agents in connection with the installation or servicing of the machine by Safety-Kleen.

DATE OF CONFIRMATION

2-25-93

SALES REP. NO.

5762

SALES SPECIALIST

DATE OF FIRST
SCHEDULED SERVICE CALL

BLITZ
CODE

PAW TAX %

.05

C.O.M.S. TAX %

.05

PROD. TAX %

CHAIN

SVC P/S

823

PROD P/S

SERVICE
INTERVAL (WEEKS)

12

CUSTOMER'S P.O. NUMBER

☐ BLANKET

☐ TEMPORARY

SALES TAX EXEMPTION NO.

GENERATOR/CUSTOMER TELEPHONE NUMBER

AREA CODE

5151278-5521

SPECIAL
HANDLING

CREDIT CODE

SERVICE CHARGE

62.00

TAX

3.10

TOTAL

65.10

I ACKNOWLEDGE THAT I HAVE NO OBLIGATION TO PURCHASE SERVICE ON SAID EQUIPMENT FROM ANY THIRD PARTY, AND I ACCEPT THE FOREGOING TERMS AND ACKNOWLEDGE FIRST SERVICE. PRICES ARE SUBJECT TO CHANGE.

GENERATOR/CUSTOMER SIGNATURE REQUIRED.
Paul R. ...

HAZARDOUS WASTE INFORMATION

"This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

RQ Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG, #27) (20 Gallons)

RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60) PRODUCT NO. 609

RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) PRODUCT NO. 699

I certify that my total waste streams are within one of the following categories:

0 to 220 LBS./MONTH

J.B.

Initials

220 LBS. to 2,200 LBS./MONTH

Initials

GREATER THAN 2,200 LBS./MONTH

Initials

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 5.0 #/Pail #, 16 Gal #, 30 Gal

SPENT SOLVENT MEETS ACCEPTANCE CRITERIA

YES

NO

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.

4704 NE 22nd Des Moines IA 50317

USA EPA ID No. IAD981718000

STATE ID No.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	DEALER PRICE	UNIT OF MEASURE	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL
(10023)	Setup Fee	<input type="checkbox"/>	15.00	EA	1	n/c		n/c
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

TOTAL PRODUCT AMOUNTS

TOTAL MACHINE SERVICE AMOUNT (INCLUDING TAX)

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. I HEREBY ACKNOWLEDGE READING AND DO ACCEPT THE TERMS AND CONDITIONS OF THIS SOLVENT SALES, SERVICE AND RECLAMATION AGREEMENT, MORE SPECIFICALLY DESCRIBED ON THE REVERSE SIDE.

TOTAL DUE

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES.

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4660 (24 hours)

X P R

PRINT

P

CUSTOMER'S COPY
PART NO. 1601 (300-08-72) (REV. 1/92)

WILLETT AND CO.

10190 N.W. 46th Ave.
 URBANDALE, IOWA 50322
 (515) 276-2785 • (800) 382-2744
 E.P.A. I.D. #IAD984566190

Customer's Order No. _____ Date 8-12-93 19

Name Midwestern Power

Address 10154 Dennis Dr

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
	GALS. GASOLINE		
	DIESEL		
	QTS. OIL		
	GREASE		
	LUBRICATION		
100	Oil pickup		
	TAX		
CAR NO.	LICENSE NO.	MILEAGE	TOTAL
0034989			

Rec'd by [Signature] 8-12-93

All claims and returned goods MUST be accompanied by this bill.

SS-213-3
 PRINTED IN U.S.A.

Thank You

**WILLETT AND CO.**

10190 N.W. 46th Ave.
 URBANDALE, IOWA 50322
 (515) 276-2785 • (800) 382-2744
 E.P.A. I.D. #IAD984566190

Customer's Order No. _____ Date 6-15-93 19

Name Midwestern Power

Address 10100 Dennis Dr

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
	GALS. GASOLINE		
	DIESEL		
	QTS. OIL		
	GREASE		
	LUBRICATION		
200	Oil pickup		
	TAX		
CAR NO.	LICENSE NO.	MILEAGE	TOTAL
0034190			

Rec'd by [Signature]

All claims and returned goods MUST be accompanied by this bill.

SS-213-3
 PRINTED IN U.S.A.

Thank You

**WILLETT AND CO.**

10190 Meredith Dr.
 URBANDALE, IOWA 50322
 (515) 276-2785 • (800) 382-2744
 E.P.A. I.D. #IAD984566190

Customer's Order No. _____ Date 12-7-93 19

Name Midwestern Power

Address 10154 Dennis Dr

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
	GALS. GASOLINE		
	DIESEL		
	QTS. OIL		
	GREASE		
	LUBRICATION		
200	Oil pickup		
	TAX		
CAR NO.	LICENSE NO.	MILEAGE	TOTAL
0038232			

Rec'd by [Signature]

All claims and returned goods MUST be accompanied by this bill.

SS-213-3
 PRINTED IN U.S.A.

Thank You



Midwestern Power
10140 Dennis Drive
Urbandale, Ia. 50322

WILLETT AND CO.

10190 N.W. 46th Ave.
URBANDALE, IOWA 50322
(515) 276-2785 • (800) 382-2744
E.P.A. I.D. #IAD984566190

JUN 28 1993

Customer's Order No. 29-9717 Date 6-19 1993

Name Midwestern Power
10140 Dennis Drive Urbandale Ia

SOLD BY	CASH	C. O. D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
			<input checked="" type="checkbox"/>			

QUAN.	DESCRIPTION	PRICE	AMOUNT
	GALS. GASOLINE		
	DIESEL		
	QTS. OIL		
	GREASE		
	LUBRICATION		
	<u>Picked up</u>		
	<u>1 - used anti freeze Drum Full</u>		
	<u>(not ours)</u>		
	<u>left 1 drum</u>		<u>\$25.00</u>
	<u>1 per site</u>		
	TAX		
CAR NO.	LICENSE NO.	MILEAGE	TOTAL <u>\$25.00</u>

0036065 Rec'd [Signature]

All claims and returned goods MUST be accompanied by this bill.

SS-2133
PRINTED IN U.S.A.

Thank You



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

EPA ID#: IAD984569319


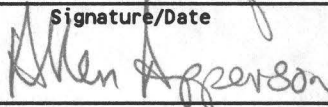
Facility Name	MIDWESTERN POWER PRODUCTS DIVISION
Facility Address	10100 DENNIS DR. DES MOINES IA 50322

Documents Collected? YES ☒ (list below) NO ☐
Samples Collected? YES ☐ (list below) NO ☒ Split Samples: YES ☐ NO ☐
Documents/Samples were: 1) Received no charge ☒ 2) Borrowed ☐ 3) Purchased ☐
Amount Paid: \$ Method: Cash ☐ Voucher ☐ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

SAFETY-KLEEN DATED: 5-21-93, 8-13-93, 11-3-93,
2-25-93,
WILLETT & CO: 6-19-93, 8-12-93, 12-7-93,
6-15-93

Facility Representative (print)	Signature/Date
Dale Koenig	 1-11-94
Inspector (print)	Signature/Date
Allen Apperson	 11 Jan 94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

EPA IO#: IAD 984569319

Facility Name	MIDWESTERN Power Products Division
Facility Address	10100 DENNIS DR, DES MOINES IA 50322

Information for which confidential treatment is requested:

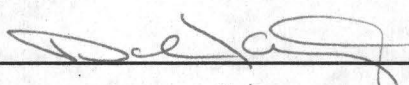
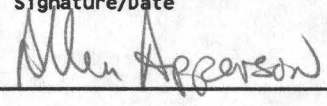
Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
Dale Koenig	 1-11-94
No confidential treatment claimed during the inspection: <u>DK</u> (Facility Representative's initials)	
Inspector (print)	Signature/Date
ALLEN APPERSON	 11 Jan 94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

EPA ID#: IAD 984569319

Facility Name	MIDWESTERN Power Products Division
Facility Address	10100 DENNIS DR, DES MOINES IA 50322

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative _____

Title _____

Address _____

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

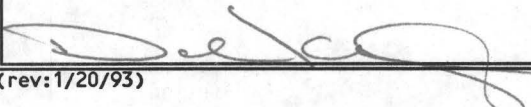
This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

=====

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
Dale Koenig	Operations Mgr.
Signature/Date	
	1-11-94

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

~~AD~~ AD 984569319

Facility Name MIDWESTERN Power Products Division	
Facility Address 10100 DENNIS DR, Des Moines IA 50322	
Inspector (print) ALLEN APPERSON	Title INSPECTOR
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	
Date 11 Jan 94	

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

RCRIS HANDLER INFORMATION

This form completed on 11 Jan 94 (date) by ALLEN APPERSON (name of person completing form)
METCALF & EDDY (name of person's employer), TES X Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IAD 984569319

1. NAME OF INSTALLATION (COMPANY CURRENTLY OCCUPYING SITE):

MIDWESTERN POWER PRODUCTS DIVISION

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"
- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12,"
"NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: 10100 DENNIS DRIVE

CITY/ZIP CODE: DES MOINES, IA 50322

3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):

STREET ADDRESS: SAME

CITY/ZIP CODE: _____, IA _____

4. INSTALLATION CONTACT PERSON:

Name: DALE KOENIG

Title: OPERATIONS MANAGER

Telephone Number: Area Code (515) 278-5521

Street Address: 10100 DENNIS DRIVE

City/Zip Code: DES MOINES, IA 50322

5. OWNERSHIP INFORMATION:

Name of Installation's Legal Owner: COMMINS GREAT PLAINS

Street Address: 5515 CENTER ST

City/Zip Code: OMAHA NE, IA 68106

Telephone Number: Area Code (402) 551-7618

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE

(CHECK ALL THAT APPLY)

☒ Hazardous waste generation ☐ Hazardous waste transportation

☐ Conditionally exempt small quantity generator

☐ Transports waste for self only

☒ Small quantity generator

☐ Transports waste for hire

☐ Large quantity generator

☐ Other: (specify) _____

7. COMMENTS:

(INCLUDE INFORMATION HERE SUCH AS, IF THE COMPANY LISTED IN RCRIS AS OCCUPYING THE SITE IS NO LONGER THERE, DID THEY GO OUT OF BUSINESS OR MOVE TO A NEW LOCATION, AND IF KNOWN, WHAT IS THAT NEW LOCATION)

November 1993

Below is a summary of the information currently in EPA's RCRA Computer Data Base for the INSTALLATION LOCATION and EPA RCRA Identification Number listed.

If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this form and sending it to EPA at:

EPA REGION 7 - RCRA/IOWA
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call the Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a detailed message. Someone will get back to you as soon as possible.

EPA RCRA ID Number: IAD984569319

Name of Company/Installation: MIDWESTERN POWER DIVISION
Location of Installation: 10100 DENNIS DR
DES MOINES, IA 50322
County: IAPOLK

Mailing Address: 10100 DENNIS DR
DES MOINES, IA 50322

Installation Contact: DALE KOENIG
Job Title: SVC MGR OPERATIONS MANAGER
Phone Number: (515) 278-5521
Contact's Address: 10100 DENNIS DR
DES MOINES, IA 50322

Current Owner of Installation: ~~H AND H PROPERTIES~~ Cummins GREAT PLAINS
Owner's Address: 5515 CENTER ST. PO BOX 6068
OMAHA, NE 68106
Phone Number: (402) 551-7678
Land Type: Unknown LEASED
Owner Type: Unknown H and H INVESTMENTS
Regulated Activities: SMALL QUANTITY GENERATOR

Hazardous Wastes Handled: D001, D002

Your Signature

Your Name and Official Title

Date Signed

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.